

**VENDOR: THIS WHITE COPY IS  
YOUR VOUCHER WHICH MUST BE  
SIGNED & RETURNED BEFORE  
PAYMENT CAN BE MADE.  
RETURN TO BILLED ADDRESS**

**DEPARTMENT OF PURCHASES  
COUNTY OF CAMDEN  
17th FLOOR, Court House  
CAMDEN, NEW JERSEY 08101**

THIS NUMBER MUST APPEAR ON  
ALL PACKAGES, INVOICES, AND  
ALL CORRESPONDENCE.

**PURCHASE ORDER  
202938**

**VENDOR PAYMENT ADDRESS**

Mark 43 Inc  
28 E 28<sup>th</sup> St., 12<sup>th</sup> Floor  
New York, NY 10016

**COUNTY BILL TO:**

Camden County Police Dept.  
800 Federal St.  
Camden, NJ 08103

REQ. NO.	YR.	PROP. NO.	BID NO.	RES. DATE	ST. CONTRACT NO	VENDOR# 35484	DATE 2/1/19	INVOICE NO. INV0124
RELEASE DATE	CAF NO.	CONF. NO.	TERMS	DELIVERY REQUIRED			ACCT.# 005 6010 618 2015	INV. DATE 2/1/19

NOTICE: THE PURCHASER IS EXEMPT BY STATUTE FROM PAYING OF ALL FEDERAL, STATE, AND MUNICIPAL EXCISE SALES AND OTHER TAXES.

ITEM#	QUANTITY	UNIT	DESCRIPTION	PRICE	AMOUNT
1	1.00		February 2019	\$24,420.00	\$24,420.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

**RECEIVED**

FEB 04 2018

Per 

*ptt 2/22/19*  
**TOTAL \$24,420.00**

I HEREBY CERTIFY THAT THE STATEMENT SET FORTH ABOVE AND MADE BY ME  
ARE TRUE AND THAT THE GOODS SET FORTH HAVE BEEN DELIVERED OR THAT  
THE SERVICES SET FORTH HAVE BEEN RENDERED AND THE PRICES CHARGED  
ARE FAIR REASONABLE AND CONFORMA TO THE QUALITY AND QUANTITY OF  
GOODS ORDERED OR SERVICES PERFORMED.

**X** 

**VENDOR SIGN HERE**

**APPROVED SUBJECT TO CERTIFICATION OF FUNDS**

DEPARTMENT HEAD  
I having knowledge of the facts, certify that the materials and supplies  
have been received or the services rendered; said certification being  
based on signed delivery slip or other reasonable procedures.

  
SIGNATURE  
TITLE

**PURCHASING AGENT**  
Approved As To Certification of Funds

**DIVISION HEAD**

*Controller* *2/1/19*  
**TITLE DATE**

**CONDITIONS --- READ CAREFULLY**

1. ENCLOSE PACKING SLIP WITH EACH SHIPMENT.
2. MAKE DELIVERIES BETWEEN 8:30 AND 3:00 P.M.
3. THE RIGHT IS RESERVED TO CANCEL THIS ORDER  
IF REASONABLE SHIPMENT CANNOT BE MADE.
4. VOUCHER COPY MUST BE RETURNED  
WITH INVOICE TO COUNTY BILL TO.

**VOUCHER**



28 E 28th St  
12th Floor  
New York NY 10016  
United States  
[accounting@mark43.com](mailto:accounting@mark43.com)  
<http://www.mark43.com>

## INVOICE

**Bill To**

Camden County Police Department  
Admin Building - Metro 800 Federal  
Street  
Camden NJ 08102  
United States

**Ship To**

Camden County Police Department  
Admin Building - Metro 800 Federal  
Street  
Camden NJ 08102  
United States

**Invoice #:** INV0124**PO:** 202938**Date:** 2/1/2019**Due Date:** 3/3/2019**Terms:** Net 30**Item/Description****AMOUNT****RMS & CAD****\$24,420.00**

Records Management System Application and Computer Aided Dispatch Application

**Subtotal** **\$24,420.00****Sales Tax** **\$0.00****Total** **\$24,420.00****Balance Due** **\$24,420.00****Notes:** February 2019**Remittance Information:**

Please make checks payable to:  
Mark43, Inc.  
Dept CH 10755  
Palatine, IL 60055-0755

**For ACH and Wire Payments**

Beneficiary Name: Mark43, Inc.  
Routing # (ACH): 121140399  
Swift Code (International wire only): SVBKUS65  
Account #: 3302216945